



COUNTY OF NASSAU
OFFICE OF HOUSING & HOMELESS SERVICES
40 MAIN STREET – SUITE C
HEMPSTEAD, NEW YORK 11550
516-572-2711

HOMELESSNESS PREVENTION AND RAPID RE-HOUSING PROGRAM (HPRP)

REFERRAL APPLICATION

Referring Agency Information:

Date: _____

Referral Agency: _____

Contact #: _____

Contact Name: _____

E-Mail: _____

Address: _____

Zip Code: _____

☐ Client Homeless ☐ Client has identified New Housing ☐ Client in Landlord-Tenant Court or 72 Hour Notice?

Client Information:

Client Contact # _____

Case # _____

Client Name: _____

SSN*: _____

Address: _____

Zip Code: _____

Household Composition: # of Adults: _____ # of Children: _____ Individual: _____ Family: _____

**Please remember, because this is ARRA funding, all members of household must be US Citizens or qualified aliens.*

	Household Members (including client)	Date of Birth	Race	Hispanic or Non-Hispanic	Relationship / Marital Status
1					
2					
3					
4					
5					
6					

1. At the time of application, what was the client's housing status?

☐ Not homeless

☐ Multiple times homeless, but not meeting long-term
homeless definition

☐ First time homeless AND less than one year
without home

☐ Long term: homeless at least 1 year or at least 4
times in the past 3 years

2. Living situation last night (HUD): Where did the client stay the night before application to this program?

- | | |
|---|---|
| <input type="radio"/> Emergency shelter or motel placement by DSS | <input type="radio"/> House/apartment owned by client |
| <input type="radio"/> Transitional housing for homeless | <input type="radio"/> Living with family |
| <input type="radio"/> Permanent housing for formerly homeless | <input type="radio"/> Living with friends |
| <input type="radio"/> Psychiatric hospital or facility | <input type="radio"/> Hotel/motel without emergency shelter |
| <input type="radio"/> Substance abuse treatment center, including detox | <input type="radio"/> Foster care/group home |
| <input type="radio"/> Hospital | <input type="radio"/> Place not meant for habitation |
| <input type="radio"/> Jail, prison, or juvenile facility | <input type="radio"/> Other |
| <input type="radio"/> Don't know | <input type="radio"/> Refused |
| <input type="radio"/> House/apartment rented by client | |

3. Length of stay: How long has the client been staying at that place?

- | | | |
|--|---|--|
| <input type="radio"/> 1 week or less | <input type="radio"/> 1 to 3 months | <input type="radio"/> 1 year or longer |
| <input type="radio"/> Over 1 week, less than 1 month | <input type="radio"/> Over 3 months, less than 1 year | |

4. How long has it been since the client lived at a permanent address? Circle one

- | | | |
|-------------------|-------------|-----------------|
| Less than 1 month | 6-12 months | 6-8 years |
| 1-3 months | 1-2 years | 9 years or more |
| 3-6 months | 3-5 years | |

5. If HUD homeless or doubled up, give your last permanent address:

Address

City	State	County	Zip Code
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6. Maximum allowable income: 50% of HUD income limits: Nassau County HUD Limits May 14, 2010

Income % Median	HOUSEHOLD SIZE							
	1	2	3	4	5	6	7	8
MAXIMUM 50%	\$36,300	\$41,450	\$46,650	\$51,800	\$55,950	\$60,100	\$64,250	\$68,400

AMI Calculation for HPRP Eligibility

Client Household Yearly Gross Income	
Number in Household	
AMI for Above Number in Household	

7. Sources of Income:

() No financial resources (no cash income source and no non-cash benefits)

<i>Income Sources</i>	<i>Identify Household Member</i>	<i>Gross Amount Per Month</i>	<i>Net Amount Per Month</i>
Earned Income			
Veteran's Pension			
Child Support			
Unemployment Insurance			
Supplemental Security Income (SSI)			
Social Security Disability Income (SSD)			
Veteran disability payment			
Private disability insurance			
Worker's compensation			
TANF			
General assistance			
Retirement income from Social Security			
Pension from a former job			
Alimony or other spousal support			
Contributions from other people			
Interest (banks, dividends, or annuities)			
Student grant/scholarship			
Other income source			
<i>TOTAL HOUSEHOLD INCOME</i>			

Non-cash benefits:

- () Food Stamps _____
- () TANF child care services _____
- () Medicare _____
- () Special supplemental nutrition program-WIC _____
- () TANF transportation services _____
- () Other non-cash benefits _____

- () Veteran's Administration (VA) medical svcs _____
- () Housing Choice Voucher (Section 8), public housing or rental assistance _____
- () Other TANF-funded services _____
- () Medicaid-medical assistance _____

8. Employment

Current Employment

Employer: _____
Address: _____
Date of Employment: _____
Annual Salary: _____

Employment History for the past 5 Years: Client's employment history from most recent:

Employer: _____
Address: _____
Date of Employment: _____
Annual Salary: _____
Reason for Leaving: _____

Employer: _____
Address: _____
Dates of Employment: _____
Annual Salary: _____
Reason for Leaving: _____

Employer: _____
Address: _____
Dates of Employment: _____
Annual Salary: _____
Reason for Leaving: _____

Employer: _____
Address: _____
Dates of Employment: _____
Annual Salary: _____
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Dates of Employment: _____
Annual Salary: _____
Reason for Leaving: _____

Employer: _____
Address: _____
Dates of Employment: _____
Annual Salary: _____
Reason for Leaving: _____

9. General Health: Good: _____ Fair: _____ Poor: _____

Please record the client's disabilities below (if the client has no disabilities, continue to question 11):

<u>Present</u>	<u>Long-term (Y/N)</u>	<u>Disability Type</u>	<u>Present</u>	<u>Long-term (Y/N)</u>	<u>Disability Type</u>
<input type="radio"/>	_____	Alcohol abuse	<input type="radio"/>	_____	Physical/medical
<input type="radio"/>	_____	Developmental disability/mental	<input type="radio"/>	_____	Traumatic brain injury
		Retardation	<input type="radio"/>	_____	Physical/mobility limits
<input type="radio"/>	_____	Drug abuse	<input type="radio"/>	_____	Hearing impaired
<input type="radio"/>	_____	HIV/AIDS	<input type="radio"/>	_____	Vision impaired
<input type="radio"/>	_____	Mental illness	<input type="radio"/>	_____	Others

10. Does the client have a long-term disability?

☐ Yes ☐ No ☐ Don't know ☐ Refused to answer

11. Is the client a veteran?

☐ Yes ☐ No

Has client been honorably discharged?

☐ Yes ☐ No

12. Education: Highest level of school completed?

High School with Diploma
 Highest Grade Completed: _____
 GED

Current Student? _____
 Vocational Training or Certificate? _____

13. How many evictions or unlawful detainers have household members experienced?

☐ Zero ☐ 1 ☐ 2-3 ☐ 4-9 ☐ 10+

14. Have any household members experienced these tenant screening barriers?

Please complete the grid below	Yes	No
Poor reference from current/prior landlords		
Lack of rental history		
Unpaid rent or utility bills		
Lack of/or poor credit history		
One or more misdemeanors		
Critical felony (sex crime, arson, drugs)		
Other felony		
Domestic violence		

15. Housing history for the past 5 years: Client's housing history from most recent:

*Address: _____

Living Situation: _____

Reason housing lost: _____

*Address: _____

Living Situation: _____

Reason housing lost: _____

*Address: _____

Living Situation: _____

Reason housing lost: _____

*Address: _____

Living Situation: _____

Reason housing lost: _____

16. Client's geographical preference:

17. Client statement of HPRP assistance requested:

Services	Check if applicable
Case management	
Credit repair/Budget Counseling	
Housing Search and Placement	
Motel & hotel vouchers (only eligible if future housing is identified)	
Moving cost assistance	
Rental subsidy	
Rental arrears	
Security deposits	
Utility deposits	
Utility arrears	
Utility payments	
Employment Assistance	

18. Please provide a summary of client's current housing and/or financial situation.

[illegible]

FOR OFFICE USE ONLY:

Review of Application Date: _____

Reviewer: _____

Eligibility Status (Circle One): Accepted Denied

Reason: Applicant does not meet eligibility requirements

Income above 50% of the area medium income

_____Housing barriers were not met or exceeded scope of this program

Other: _____

Date Assigned: _____

Assigned to Case Manager: